7720 AUS 25 PH 2: 42

CLI -- GOFFICE

REPLICA DE OBJECION GLOBAL

I. DATOS DE CONTACTO	• •
Nombre Paylette Casiano &	odriquez
Dirección Postal Urb. Santa Teres 3506 Calle Santa Pance, Puerto Rica	sita Dugnita
Toléfona de	1. <u>787-436-3464</u>
II. Epigrafe	
A. Secretaria (Clerk's Office) Tribunal de Distrito de los Estados Unidos Room 150 Federal Building San Juan Puerto Rico 00918-1767	
3. Estado Libre Asociado de Puerto Rico y otros (De	udores)
C. Número de Procedimiento: 17 BK 3283 - LTS	
 Objeción Global referente a la solicitud de dineros de Puerto Rico: 	no pagados por el Estado Libre Asociado
Número de las evidencias por reclamo:	
#49762 - Ley #89 – Romerazo - Efectiva en 1 d	de julio de 1995
#94057 - Ley de Escala Salarial - Pasos, del 6	
#96621 – Ley #96 (2002) del Dr. Pedro Rosello Ley #164 (2004) de la Sra. Sila Calde	a efective inlie de cono

III. El Tribunal no debe declarar la Objeción Global, debido a que son dineros adeudados mediante la aprobación por el gobierno del Estado Libre Asociado de Puerto Rico de las siguientes leyes:

Ley 89 Romerazo - Efectiva en 1 de julio de 1995

Ley de Escala Salarial - Pasos del 6 de junio de 2008

Ley #96 (2002) del Dr. Pedro Rosello – efectivo julio de 2002

Ley #164 (2004) de la Sra. Sila M. Calderón efectiva enero 2004

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PONCE.

Se incluyen, documentos que evidencian los a	Departamento de Educação años de serviçio con Puerto Riso Telephone
Company; Ponce, Puerto Rico desde el _/	de 990570 de 200 C hasta el
de presente de	. Culmine mi laborar como lan 3.4. Zoilo Gracia - Ofic-Reg. Educ
en Puerto Rico Telephone Gompany, Ponce , Pue aplicables que cubren estos años de servicio edu	rto Rico. ELA. Se esta reclamando nor las leves
Se inclused de consent	icativo.

Se incluyen documentos que evidencian este reclamo.

Debido a la reciente situación de emergencia por terremotos y COVID-19 en Puerto Rico, se están enviando las réplicas en esta fecha. De necesitar información o documentos adicional, favor comunicarse con la que suscribe.

Paulette Casiano Rodriguez Nombre en letra de molde

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Case: 17-03283-LTS Doc#: 14105 Filed: 08/25/20 Entered: 08/26/20 11:14:02 Desc: Main Proof of Claim: <CLAIM: NUMBER CLUY & 3 of 6

Claimant: >CLAIMANT NAME< Paulette Casiano Rodriguez

INFORMATION REQUESTED TO PROCESS YOUR CLAIM

Instructions

Please answer all four (4) questions and any applicable sub-questions. Please include as much detail as possible in your responses. Your answers should provide more information than the initial proof of claim. For example, if you previously wrote as the basis for your claim "Ley 96," please elaborate as to the specific laws on which you are purporting to rely, the year the law at issue was enacted, and how and why you believe such particular law provides a basis for your claim. Additionally, if available and applicable to your claim, please provide:

 Copy of a pleading, such as Complaint or an Answer; Any unpaid judgment or settlement agreement; Written notice of intent to file a claim with proof of mailing; Any an all documentation you believe supports your claim. 	
Please send the completed form and any supporting documents via email pRClaimsinfo@primeclerk.com, or by mail or hand delivery to the following address:	to
c/o Prime Clerk, LLC 850 Third Avenue, Suite 440	
Brooklyn, NY 11232	<u>.</u>
Questionnaire	
1. What is the basis of your claim?	.n .
A pending or closed legal actions with or against the Puerto Rico goverment	
■Current or former employment with the Government of Puerto Rico	 £
□Other (Provide as much detail as possible below. Attach additional pages if needed.)	
2. What is the amount of your claim (how much money do you claim to be owed):	_
3. Employment. Does your claim relate to current or former employment with the Government of Puerto Rico?	-
□ No, Please continue to Question 4. ■ Yes, Answer Questions 3(a) – (d).	
3(a). Identify the specific agency or department where you were or are employed:	
3(b). Identify the dates of your employment related to your claim: Desde el 1 de agosto de 2006 hasta el presente	
3(c). Last four digits of your social security number: 1827	

3(d). What is the nature □Pension ■Unpaid Wage □Sick Days □Union Grieval □Vacation □Other (Provide	s nce ∋ as much detail as r	oossible Attac	ct all applicable): h additional pages if no	ecessary). e/- Pasos
4 Logol A -41				
4. Legal Action Does	your claim relate t	o a pending o	r closed legal action	?
■ No				
□ Yes				
4(a). Identify the depar	tment or agency tha	t is a party to t	ha action	
그 사람들은 함께 하다고 있다면 그는 사람들이 가는 사람들이 가득했다면 하다 되었다.	D//A		ne action.	
4(b). Identify the name	and address of the			
4(b). Identify the name	and address of the C	ourt or agency	where the action is pe	ending:
)//4			
4(c). Case number:	D/A			
4(d). Title, Caption, or N	ame of Case:()	<i>IA</i>		•
4(e). Status of the case	(pending, on appeal,	or concluded)	DIA	
4(f). Do you have an unj	일시 경기는 이 경기 나는 이 경기를 받는 생각이			
	ate and amount of the		D/A	

Vaulette Casiano Rodriguez Nombre en letra de molde

Firma y fecha

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